___ YES ____ NO

541-236-6689 09/30/2003 08:21 FOR INSTRUCTIONS, SEE BACK OF FORM **FORM** (Steinlife et P DISCLOSURE SUMMARY PAGE DR-2 DISCLOSURE (Rev. 03/2003) COMMITTEE NAME (Must be same as on Statement of Organization) REPORT itizens for Jelsel Zmprovement For Office Use Only Comm. # _ IMPORTANT: Indicate type of committee you are reporting for: Logged In ___ (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate Scanned ___ (5) County PAC (8) Ballot Issue/Franchise Committee (7) County/City Central Committee (8)Support State of Candidates Computer ___ CANDIDATE COMMITTEES ONLY: Audited Candidate Name Political Party SEP 3 0 2003 Office Sought District (If Senate or House) Pohlow 130/2003 SIGNATURE OF TREASURER (or person filing this report) DATE SIGNED Late filed reports are subject to possible civil and criminal penalties. SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: 10/01/2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A (report date) Indicate one Local Committees, enter Date of Election __CHECK IF AMENDMENT TO REPORT DATED __ County & Local Committees, enter County in which Election is held 1 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to flie reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monles held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)...... CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

	_			_	-
1000	200			****	- 1
100		1770			31
700	200		23.7	100	

(Rev. 06/97)	MONETARY RECEIPTS
	

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

641-236-6689

For School Improvement

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
9/25/03	ID#	Shannon Kintzinger		\$600-	
	ID# CK#				
	ID#				
	CK#				
	ID# CK#				
	ID#				
	CK#				
	ID# CK#				
	ID#				
	ID#				
	CK#				
	ID#				
<u> </u>	CK#				
	CK#	·			
	1	TOTAL (if last no	SUB-TOTAL ge of this schedule)	s 600 -	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangulality (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

$\overline{}$	_				_
1 60					
888	3.0	CO.	100	410	
. 33		15.11	الحريان		
-					

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

Citiz	ens for	School Improvement	ent	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/3/03	ID# CK# / GQ.5	KRTI	Radio Pot	\$ 25000
9/26/03	CK# /006	Heroid-Register	Ads	50000
9/26/03	CK# /UD 7	Copy Connection	Printed Material	42400
9/30/03	CK# Lows	Herova Ryida	Al-	62.42
	ID#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 1236-42
			TOTAL (if last page of this schedule)	\$ 1231.42

THIS BOX APPLIES TO CANDIDATES' COMMITTI	EES	ONLY:
--	-----	-------

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 58.6(3)(i).)

Page	i	of	1	•
. ugo		<u> </u>	-	